

Promising Practice:  
Coordinated Employer Engagement and the Employer Matrix  
San Diego Workforce Partnership  
Bridge to Employment in the Healthcare Industry

---

The San Diego Workforce Partnership's Health Profession Opportunity Grants (HPOG) program, funded by the Administration for Children and Families' Office of Family Assistance, has developed an innovative approach to create efficiency and enhance its effectiveness in serving both its participants and local healthcare employers. The program, known locally as the Bridge to Employment in the Healthcare Industry, utilizes four community-based agencies to provide navigator services in the four regions of San Diego County.

Initially, each agency was charged with conducting its own job development and employer engagement in its region. However, the time-consuming tasks of bringing in new participants and coaching them through the program precluded spending time in the field to meet with employers and build relationships. At the same time, business services staff in the region's One-Stop Career Centers and Temporary Assistance for Needy Families (TANF) programs were duplicating each other's efforts to reach out to the same employers. In one case, two different staff asked two different people from the same healthcare employer to speak at the same event. Both agreed to speak, and then they were surprised to see each other at the event. This was a waste of resources for the employer and led to questions about coordination.

The Workforce Partnership's solution to these challenges has been twofold. First, it is convening the business services and job development staff from the navigator agencies, One-Stops, and TANF agencies so that all can share information about their activities rather than duplicate efforts. Second, the Workforce Partnership has created an Employer Research Matrix for the healthcare industry. This matrix is designed to gather all relevant information from employers regarding their hiring needs and processes. The matrix is expanded by and shared with all job developers as it is updated, preventing job developers from asking employers the same questions over and over again. This system allows staff to be more efficient and less burdensome to the business community. It also provides a service to the employers, as discussion is focused on what employers need rather than trying to sell job seekers to each of the employers.

HPOG program director Cindy Perry began by bringing on a business services representative (BSR) to contact healthcare employers on behalf of the HPOG partner agencies. The BSR created an employer survey and then set up in-person interview appointments with employers to complete the survey. The first employers targeted were those on the HPOG advisory board, those who sit on the Workforce Investment Board (WIB) and committees to the WIB, those that had hired Bridge to Employment participants, those in healthcare professional associations, and other employers with whom the Workforce Partnership had relationships. At the interview, employers were asked who else should be contacted. Next steps involved reaching out to these employer referrals and cold calling. Organizations contacted include acute care hospitals,

comprehensive healthcare systems, community clinics, skilled nursing facilities, in-home care providers, and private medical practices.

The BSR typically meets with a hiring manager or human resources recruiter for each organization. During the interview employers are asked what allied healthcare positions they hire and, of those, what positions are in most demand. This information helps the HPOG program guide participants into training programs with the highest probability of employment. Employers are asked what schools their interns and recent hires attended. Navigators use this information to help participants select schools that have affiliations with specific employers.

Employers are asked what they believe will improve a person's employability in the industry. An interesting trend is employers reporting that work experience in other fields and volunteer experience in any healthcare environment increases a person's employability. When asked what special skills they look for, customer service is almost always included. Spanish-English bilingualism and computer skills also top the list.

Each employer is also asked to describe its hiring process. The process is outlined step-by-step on the matrix. It has been interesting to note that what employers describe in the interview often differs from the process described on the organization's website. The employer's suggestions on how to make an application stand out are also included on the matrix.

Just as important as application details is information about volunteer, work experience, and internship opportunities at the employer's site. The BSR gives significant attention to recording specifics about opportunities available and the on-boarding process. If Bridge to Employment participants can access these opportunities, they will build a relationship with the employer and will have a much stronger chance of being hired when a position opens up. Participants hone their skills and gain experience that employers find valuable. Most employers have acknowledged they will view unpaid experience the same as paid experience if the work environment and job tasks are very similar and a reference is provided.

Some items on the matrix—such as **use social media** and **list accomplishments**—are in bold typeface, helping the reader quickly scan important items. This is information that is gained only by talking with the employer. It is not in the employer's job descriptions or announcements, or on its website, yet it is important to the employer.

Trends in the industry, positions being phased out, new positions being created due to the Affordable Care Act, and words of wisdom for job seekers are often discussed when employer survey interviews are conducted. The BSR takes time during the visit to describe the Bridge to Employment program and its benefits to the employer. Services such as job matching, recruitment, connection to the career centers, and availability of on-the-job training funds are presented.

The San Diego Workforce Partnership has used the Employer Matrix as a tool to engage employers by focusing on learning what they need and what is most important to them.

**Promising Practice: Partnerships with Collective Impact<sup>i</sup>**  
**San Diego Workforce Partnership**  
**Bridge to Employment in the Healthcare Industry**

When asked how she and the San Diego Workforce Partnership's Bridge to Employment in the Healthcare Industry have been so successful, Cindy Perry, the project's director, answered, "Collective impact." She added "Today, it is no longer acceptable to work in silos." Collective impact is the principle that large-scale social change requires broad cross-sector coordination, not the isolated intervention of individual organizations.

The San Diego Workforce Partnership's (Workforce Partnership) Bridge to Employment in the Healthcare Industry program brings together a broad cross section of business, government, education, and community organizations around a common agenda of social change. For this HPOG program, the signed memorandums of understanding that the Office of Family Assistance recommends its grantees use specify that these partner organizations participate as stakeholders who provide ongoing guidance and support to the program at strategic and operational levels.

For example, the HPOG state partnership group meets quarterly and includes the San Diego County Department of Health and Human Services, the California Workforce Investment Board (WIB), and the State Department of Industrial Relations, Division of Registered Apprenticeship Standards. The HPOG advisory board members include the Workforce Partnership (local WIB), the County of San Diego's Department of Health and Human Services, and representatives from local employers and the hospital association. By coordinating and convening several different groups, this HPOG program ensures that connections, communication, and relationship building among the partner organizations take place on multiple levels that are mutually reinforcing.

Cindy Perry, the HPOG Program Director, began with open communication and built relationships one at a time. Because HPOG staff knew the manager of one of the CalWORKS offices (the organization that provides TANF services in the state), they began their efforts by learning about the TANF program—what was important to their colleagues in TANF and what TANF professionals needed to do to achieve their goals. Cindy and her staff did their homework before the meeting. As they learned about TANF regulations and such things as "work participation rates," they were able to show their TANF colleagues how the HPOG program would benefit TANF participants while still enabling the TANF program to achieve its goals. Once the TANF organizations and contractors were convinced, they invited others to join the meeting to see how this community relationship building could help produce positive performance and benefit all of the programs. Some members of the groups initially met weekly, participating in lots of discussion on the front end.

One group that Cindy identified and convened monthly was the common customer group. All of these organizations had "service to a common customer" (TANF-eligible, low-income, and/or refugee participants) as their fundamental goal. Cindy made the case that, by working together, they could all help each other do a better job for their clients. The San Diego

program's common customer group included the Workforce Partnership, County of San Diego HHS, the County's CalWorks/TANF contractors (ResCare and Public Consulting Group), County and City of San Diego Subsidized Housing Authorities, and the Workforce Partnership's Navigators.

To help them learn about each other, the group developed a matrix of support services that participants needed—to be able to stay in the HPOG training program and become successful—along with the organizations that were able to supply the services. All the community organizations had rules that governed what participants they served and how. By agreeing to share information and resources, the common customer group was able to make the most effective decisions for the most customers. To illustrate, TANF can provide childcare and books, but it can't pay for tuition or housing allowance. Others in the partnership group could supply those needs.

The HPOG program did not offer financial support to any of these partners. As a result, they were already taking steps toward the sustainability of the program when the HPOG funds were no longer available. As they worked together, the various community organizations helped each other to understand their strengths and their limits, something very important as the program began to plan for how it could successfully function in the future. This group has continued to work on collective problems associated with their target population.

HPOG grantees can replicate this strategy with partnerships based on collective impact:

1. Identify appropriate organizations; build on existing relationships.
2. Open lines of communication, and try to ensure that you are working with multiple levels of people.
3. Do your homework to learn about other organizations, their goals, and the benefits they provide to participants.
4. Work hard to build trust with potential partners in your community. Make and keep all commitments.
5. Convene community groups frequently to reach an understanding about the common customers they all serve and the ways everyone, but most importantly the participants themselves, can benefit from the organizations working more closely together.
6. As an early concrete step, begin by developing a matrix of support services that identifies the needed services along with the organizations that can supply each service.
7. Use the matrix to determine how and when to call upon different organizations in the community to help accomplish the overall goals.
8. Building on early efforts, establish systems that lead to ease of referral and have everyone working as a team for the benefit of all.

---

<sup>1</sup> For a discussion of collective impact, see Mark Kramer and John Kania, *Collective Impact*, *Stanford Social Innovation Review*, (48) Winter 2011, at [http://www.ssireview.org/articles/entry/collective\\_impact/articles](http://www.ssireview.org/articles/entry/collective_impact/articles).